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PTO/SB/22 (10-00)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number
910130.401C1

In re Application of Eva A. Turley and Tony F. Cruz

Application Number 09/685,010

Filed October 5, 2000

For COMPOSITIONS AND METHODS FOR TREATING CELLULAR
RESPONSE TO INJURY AND OTHER PROLIFERATING CELL
DISORDERS REGULATED BY HYALADHERIN AND HYALURONANSGroup Art Unit
1615Examiner
N/A

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a
Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | | |
|-------------------------------------|----------------------------------|-------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ |
| <input checked="" type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$390 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ |

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown
above is reduced by one-half, and the resulting fee is: \$ 195.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this
application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required
to Deposit Account Number 19-1090.

☒ The Commissioner is hereby authorized to charge any deficiency,
or credit any overpayment, to Deposit Account Number 19-1090.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 44,614.

**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

4-9-01

Date

Signature

William T. Christiansen, Ph.D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

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